

# Village of Shorewood Hills

810 Shorewood Boulevard

Madison, WI 53705-2115

608/267-2680

## TOBACCO LICENSE APPLICATION

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Owner's Full Name: \_\_\_\_\_  
Last First Middle

Owner's Home Address: \_\_\_\_\_

Owner's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Telephone: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Years in business: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Location of cigarette machine (if applicable) \_\_\_\_\_

I, the undersigned, hereby apply for a license to manufacture, sell, exchange, barter, dispose of, give away, and keep for sale cigarettes, cigarette paper, cigarette wrappers, tobacco products, or any paper made or prepared for the purpose of being filled with tobacco for smoking, during the license year ending June 30, \_\_\_\_\_, said business to be conducted at the address listed above, under the provisions of Section 145.65 of the Wisconsin Statutes, as amended, and other laws governing such manufacture, sale, exchange, barter, disposition, giving away, and keeping for sale. In addition, I have enclosed the annual fee of \$\_\_\_\_\_ for this license.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Date Application and fee received: \_\_\_\_\_ Rec'd by: \_\_\_\_\_

Administrator Review – Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Reason for disapproval: \_\_\_\_\_

Administrator's signature: \_\_\_\_\_ Date: \_\_\_\_\_